

<i>SERFF Tracking Number:</i>	<i>LDDX-125778211</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0197801F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR0197801F01</i>		

Filing at a Glance

Company: Old Republic Insurance Company		
Product Name: Old Republic Independent GL Forms	SERFF Tr Num: LDDX-125778211	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0001 Commercial General Liability Co	Tr Num: GL AR0197801F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: SPI ORChicago	Disposition Date: 08/26/2008
	Date Submitted: 08/15/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Old Republic Independent GL Forms	Status of Filing in Domicile:
Project Number: GL AR0197801F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/26/2008	
State Status Changed: 08/26/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information.	

Policy Jacket - Manual J-01 (02/08)

SERFF Tracking Number: LDDX-125778211 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: GL AR0197801F01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Old Republic Independent GL Forms
Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

" This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words "Insurance Policy" for the imprintation of our issuing and policyholder servicing office address. The blank area above the words "Insurance Policy" may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:

- (1) Insurer company address
- (2) Insurance company group corporate address and phone number
- (3) Signature of Secretary
- (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

Commercial General Liability Declarations CG DEC GN 0000 08 08 replaces CG DEC GN 0000 12 01.

Owners And Contractors Protective Liability Declarations CG DEC GN 0001 08 08 replaces CG DEC GN 0001 04 99.

Liquor Liability Declarations CG DEC GN 0002 08 08 replaces CG DEC GN 0002 04 99.

Railroad Protective Liability Declarations CG DEC GN 0003 08 08 replaces CG DEC GN 0003 04 99.

Products/Completed Operations Liability Declarations CG DEC GN 0004 08 08 replaces CG DEC GN 0004 04 99.

Underground Storage Tanks Liability Declarations CG DEC GN 0005 08 08 replaces CG DEC GN 0005 04 99.

We request an effective date of November 1, 2008.

Company and Contact

Filing Contact Information

Johnathan Hagen, State Filings Analyst jhagen@oldrepublic.com
307 N. Michigan Avenue (312) 346-8100 [Phone]

SERFF Tracking Number: LDDX-125778211 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: GL AR0197801F01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Old Republic Independent GL Forms
Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago , IL 60601	Group Name:	State ID Number:
(312) 762-4800 ext. [Phone]	FEIN Number: 25-0410420	

SERFF Tracking Number: LDDX-125778211 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: GL AR0197801F01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Old Republic Independent GL Forms
Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	08/15/2008	21969350

SERFF Tracking Number:	LDDX-125778211	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	GL AR0197801F01		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	Old Republic Independent GL Forms		
Project Name/Number:	Old Republic Independent GL Forms /GL AR0197801F01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/26/2008	08/26/2008

<i>SERFF Tracking Number:</i>	<i>LDDX-125778211</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0197801F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR0197801F01</i>		

Disposition

Disposition Date: 08/26/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125778211 State: Arkansas

Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: GL AR0197801F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	CG DEC GN 0000 08 08 Markup, CG DEC GN 0001 08 08 Markup, CG DEC GN 0002 08 08 Markup, CG DEC GN 0003 08 08 Markup, CG DEC GN 0004 08 08 Markup, CG DEC GN 0005 08 08 Markup, Filing Memorandum, Policy Jacket Markup	Approved	Yes
Form	Commercial General Liability Declarations	Approved	Yes
Form	Owners And Contractors Protective Liability Declarations	Approved	Yes
Form	Liquor Liability Declarations	Approved	Yes
Form	Railroad Protective Liability Declarations	Approved	Yes
Form	Products/Completed Operations Liability Declarations	Approved	Yes
Form	Underground Storage Tanks Liability Declarations	Approved	Yes
Form	Policy Jacket	Approved	Yes

SERFF Tracking Number: LDDX-125778211 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: GL AR0197801F01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Old Republic Independent GL Forms
Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial General Liability Declarations	CG DEC GN 0000	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG DEC GN 0000 Previous Filing #:		CG DEC GN 0000.PDF
Approved	Owners And Contractors Protective Liability Declarations	CG DEC GN 0001	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG DEC GN 0001 Previous Filing #:		CG DEC GN 0001.PDF
Approved	Liquor Liability Declarations	CG DEC GN 0002	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG DEC GN 0002 Previous Filing #:		CG DEC GN 0002.PDF
Approved	Railroad Protective Liability Declarations	CG DEC GN 0003	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG DEC GN 0003 Previous Filing #:		CG DEC GN 0003 .PDF
Approved	Products/Completed Operations Liability Declarations	CG DEC GN 0004	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG DEC GN 0004 Previous Filing #:		CG DEC GN 0004.PDF
Approved	Underground Storage Tanks Liability Declarations	CG DEC GN 0005	08 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG DEC GN 0005 Previous Filing #:		CG DEC GN 0005.PDF
Approved	Policy Jacket	J-01	02 08	Other Replaced	Replaced Form #:0.00 Previous Filing #:		J-01.PDF

(Date):

COMMERCIAL GENERAL LIABILITY DECLARATIONS

POLICY NUMBER _____ **POLICYHOLDER SERVICE OFFICE:** _____

PRODUCER _____

RENEWAL OF NUMBER _____

NAMED INSURED AND MAILING ADDRESS: _____

POLICY PERIOD: FROM _____ **TO** _____ **AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$	_____	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	_____	Any one premises
MEDICAL EXPENSE LIMIT	\$	_____	Any one person
PERSONAL AND ADVERTISING INJURY LIMIT	\$	_____	Any one person or organization
GENERAL AGGREGATE LIMIT	\$	_____	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	_____	

RETROACTIVE DATE (CG 00 02 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.
RETROACTIVE DATE: _____
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:
☐ INDIVIDUAL ☐ JOINT VENTURE ☐ LIMITED LIABILITY COMPANY
☐ ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY) ☐ PARTNERSHIP ☐ TRUST
 BUSINESS DESCRIPTION: _____

ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

CLASSIFICATION AND PREMIUM

LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
			\$	\$	\$	\$	\$

STATE TAX OR OTHER (IF APPLICABLE) \$ _____

TOTAL PREMIUM (SUBJECT TO AUDIT) \$ _____

PREMIUM SHOWN IS \$ _____ AT INCEPTION \$ _____ AT EACH ANNIVERSARY (IF POLICY PAYABLE: _____)

PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY

ENDORSEMENTS

ENDORSEMENTS ATTACHED TO THIS POLICY: _____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned _____ By (Authorized Representative): _____

LIQUOR LIABILITY DECLARATIONS

POLICY NUMBER _____ **POLICY HOLDER SERVICE OFFICE:** _____

PRODUCER _____

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

Each Common Cause Limit	\$	
Aggregate Limit	\$	

RETROACTIVE DATE (CG 00 34 only)

This Insurance does not apply to "injury" which occurs before the Retroactive Date, if any, shown here: _____

(Enter Date or "None" if no Retroactive Date applies)

DESCRIPTION OF BUSINESS AND LOCATION OF PREMISES

Form of Business:

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation
☐ Organization (Other than one indicated above)

Business Description: _____

Location of All Premises You Own, Rent or Occupy (Location Number and Address): _____

CLASSIFICATION AND PREMIUM-SUBJECT TO AUDIT

Location No.	Classification	Code. No.	Premium Base	Rate	Advance Premium
			\$	\$	\$

Audit Period (If applicable)	State Tax/Other (if applicable)	\$	
	Total Advance Premium	\$	

Premium shown is payable \$ _____ at inception

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Countersigned: _____ By _____
(Date) (Authorized Representative)

**RAILROAD PROTECTIVE
LIABILITY DECLARATIONS**

POLICY NUMBER _____ **POLICY HOLDER SERVICE OFFICE:** _____ **PRODUCER** _____

RENEWAL OF NUMBER _____

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ **to** _____ **at 12:01 A.M. Standard Time at your mailing address shown above.**

Job Location: _____

Designated Contractor: _____

Mailing Address: _____

Name and address of involved governmental authority or other contracting party: _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

Each Occurrence Limit \$ _____
Aggregate Limit \$ _____

DESCRIPTION OF OPERATIONS

Description of Operations: _____

CLASSIFICATION AND PREMIUM

Classification	Code. No.	Premium Base Contract Cost	Rate	Advance Premium
		\$	\$	\$

Audit Period (If applicable) _____ State Tax/Other (if applicable) \$ _____

Premium shown is payable \$ _____ at inception Total Advance Premium \$ _____

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Countersigned: _____ (Date) By _____ (Authorized Representative)

**PRODUCTS/COMPLETED OPERATIONS
LIABILITY DECLARATIONS**

POLICY NUMBER _____ **POLICY HOLDER SERVICE OFFICE:** _____ **PRODUCER** _____

RENEWAL OF NUMBER _____

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE		
Each Occurrence Limit	\$	_____
Aggregate Limit	\$	_____

RETROACTIVE DATE (CG 00 38 only)

This Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: _____

(Enter Date or "None" if no Retroactive Date applies)

DESCRIPTION OF BUSINESS

Form of Business:

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation
☐ Organization (Other than one indicated above)

Business Description: _____

CLASSIFICATION AND PREMIUM-SUBJECT TO AUDIT

Classification	Code. No.	Premium Basis	Rate	Advance Premium
		\$	\$	\$
				State Tax/Other (if applicable) \$ _____
				Total Advance Premium \$ _____
Premium shown is payable: \$ _____ at inception				

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Countersigned: _____ By _____
 (Date) (Authorized Representative)

UNDERGROUND STORAGE TANKS LIABILITY DECLARATIONS

POLICY NUMBER _____ **POLICYHOLDER SERVICE OFFICE:** _____ **PRODUCER** _____

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

Underground Storage Tank Incident Limit	\$	_____
Aggregate Limit	\$	_____
Defense Expense Amount	\$	_____

RETROACTIVE DATE

Coverage A of this Insurance does not apply to "bodily injury" or "property damage", and Coverage B of this Insurance does not apply to "corrective action costs", which occur before the Retroactive Date shown below.

Retroactive Date: _____
(Enter Date)

DESCRIPTION OF BUSINESS

Form of Business:

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation
☐ Organization (Other than one indicated above)

Business Description and Address of Insured Site: _____

DEDUCTIBLES

Deductible Amount: \$ _____
(Enter amount of Deductible or "None" if no Deductible applies.)

EPA IDENTIFICATION AND PREMIUM-SUBJECT TO AUDIT

EPA Identification Number (if applicable): _____

Advance Premium: \$ _____

State Tax/Other (if applicable) \$ _____

Total Advance Premium \$ _____

Premium shown is payable: \$ _____ at inception

ENDORSEMENTS

Endorsements attached to this policy: _____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned: _____ By _____
(Date) (Authorized Representative)

INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC INSURANCE COMPANY
[133 Oakland Avenue
Greensburg, Pennsylvania 15601]
A Stock Company

[*Spencer Kirby*]

Secretary

[*Ja Keeney*]

President

OLD REPUBLIC
Corporate Offices
[**307 North Michigan Avenue**
Chicago, Illinois 60601
(312) 346-8100]



INSURANCE POLICY

Represented by:

<i>SERFF Tracking Number:</i>	<i>LDDX-125778211</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0197801F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR0197801F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125778211 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: GL AR0197801F01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Old Republic Independent GL Forms
Project Name/Number: Old Republic Independent GL Forms /GL AR0197801F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 08/26/2008
Comments:
Attachment:
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: CG DEC GN 0000 08 08 Markup,
CG DEC GN 0001 08 08 Markup,
CG DEC GN 0002 08 08 Markup,
CG DEC GN 0003 08 08 Markup,
CG DEC GN 0004 08 08 Markup,
CG DEC GN 0005 08 08 Markup,
Filing Memorandum, Policy Jacket Markup
Review Status: Approved 08/26/2008
Comments:
Attachments:
CG DEC GN 0000 08 08 Markup.PDF
CG DEC GN 0001 08 08 Markup.PDF
CG DEC GN 0002 08 08 Markup.PDF
CG DEC GN 0003 08 08 Markup.PDF
CG DEC GN 0004 08 08 Markup.PDF
CG DEC GN 0005 08 08 Markup.PDF
Filing Memorandum.PDF
Policy Jacket Markup.PDF

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR0197801F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information.

Policy Jacket - Manual J-01 (02/08)

" This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words "Insurance Policy" for the imprintation of our issuing and policyholder servicing office address. The blank area above the words "Insurance Policy" may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:

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- (2) Insurance company group corporate address and phone number
- (3) Signature of Secretary
- (4) Signature of President

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Owners And Contractors Protective Liability Declarations CG DEC GN 0001 08 08 replaces CG DEC GN 0001 04 99.

Liquor Liability Declarations CG DEC GN 0002 08 08 replaces CG DEC GN 0002 04 99.

Railroad Protective Liability Declarations CG DEC GN 0003 08 08 replaces CG DEC GN 0003 04 99.

Products/Completed Operations Liability Declarations CG DEC GN 0004 08 08 replaces CG DEC GN 0004 04 99.

Underground Storage Tanks Liability Declarations CG DEC GN 0005 08 08 replaces CG DEC GN 0005 04 99.

We request an effective date of November 1, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: </div> <div style="text-align: center; margin-top: 100px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

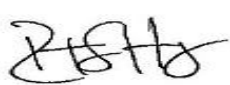
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
					0150
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Old Republic Insurance Company	PA	24147	25-0410420		

5. Company Tracking Number	GL AR0197801F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4534	312-762-4950	jhagen@oldrepublic.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Johnathan Hagen			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence			
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Commercial General Liability			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	11/01/08	Renewal:	11/01/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	08//15/08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

COMMERCIAL GENERAL LIABILITY DECLARATIONS

POLICY NUMBER

POLICYHOLDER SERVICE OFFICE:

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS:

POLICY PERIOD: FROM

TO

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT \$ _____
DAMAGE TO PREMISES RENTED TO YOU LIMIT \$ _____ Any one premises
MEDICAL EXPENSE LIMIT \$ _____ Any one person
PERSONAL AND ADVERTISING INJURY LIMIT \$ _____ Any one person or organization
GENERAL AGGREGATE LIMIT \$ _____
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT \$ _____

RETROACTIVE DATE (CG 00 02 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.
RETROACTIVE DATE:

(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:
☐ **INDIVIDUAL** ☐ **JOINT VENTURE** ☐ **LIMITED LIABILITY COMPANY**
☐ **ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)** ☐ **PARTNERSHIP** ☐ **TRUST**
BUSINESS DESCRIPTION:

ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION NUMBER **ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

CLASSIFICATION AND PREMIUM

LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
			\$	\$	\$	\$	\$

STATE TAX OR OTHER (IF APPLICABLE) \$

TOTAL PREMIUM (SUBJECT TO AUDIT) \$

PREMIUM SHOWN IS PAYABLE: \$ **AT INCEPTION** \$ **AT EACH ANNIVERSARY (IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)**
AUDIT PERIOD (IF APPLICABLE) ☐ **ANNUALLY** ☐ **SEMI-ANNUALLY** ☐ **QUARTERLY** ☐ **MONTHLY**

ENDORSEMENTS

ENDORSEMENTS ATTACHED TO THIS POLICY:

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned (Date):

By (Authorized Representative):

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COMMERCIAL GENERAL LIABILITY DECLARATIONS
OLD REPUBLIC INSURANCE COMPANY



**POLICY
NUMBER**

POLICY HOLDER SERVICE OFFICE

PRODUCT

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NAMED INSURED AND MAILING ADDRESS

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State Tax/Other (if applicable)

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Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

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POLICY PERIOD: From _____ **to** _____ at 12:01 A.M. Standard Time at your mailing address shown above.

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General Aggregate Limit (Other Than Products-Completed Operations)

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Premium shown is payable: \$ _____ at inception

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FORMS AND ENDORSEMENTS

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This Insurance does not apply to “bodily injury”, “property damage”, or “personal and advertising injury” which occurs before the Retroactive Date, if any, shown below:

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Products-Completed Operations Aggregate Limit
Each Occurrence Limit

\$ _____
\$ _____

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Personal And Advertising injury limit

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Any One Person or Organization

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Damage To Premises Rented To You Limit
Medical Expense Limit

\$ _____ Any One Premises
\$ _____ Any One Person

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(Enter Date or "None" if no Retroactive Date applies)

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AND LOCATION OF PREMISES

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☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation
☐ Organization (Other than one indicated above)

Business Description: _____

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Location of All Premises You Own, Rent or Occupy (Location Number and Address):

CLASSIFICATION AND PREMIUM-SUBJECT TO AUDIT

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(Date)

(Authorized Representative)

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Location						Rate		Advance Premium
No.	Classification	Code. No.	Premium	Prem/	Ops	Prod/Comp	Prem/	Prod/Comp
			Basis			Ops	Ops	Ops

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**OWNERS AND CONTRACTORS PROTECTIVE
LIABILITY DECLARATIONS**

POLICY NUMBER

POLICY HOLDER SERVICE OFFICE:

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

Location of Covered Operations:

Designated Contractor:

Mailing Address:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

Each Occurrence Limit \$ _____
Aggregate Limit \$ _____

DESCRIPTION OF BUSINESS

Form of Business:

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation
☐ Organization (Other than one indicated above)

Business Description: _____

CLASSIFICATION AND PREMIUM-SUBJECT TO AUDIT

Classification	Code. No.	Premium Base	Rate Per 1,000 of Cost	Advance Premium
		\$	\$	\$
Audit Period (If applicable)		State Tax/Other (if applicable) \$ _____		
Premium shown is payable \$ _____ at inception		Total Advance Premium \$ _____		

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Countersigned: _____ By _____
(Date) (Authorized Representative)

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CONTRACTORS PROTECTIVE
LIABILITY DECLARATIONS
OLD REPUBLIC INSURANCE
COMPANY



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OWNERS AND CONTRACTORS PROTECTIVE
LIABILITY DECLARATIONS
OLD REPUBLIC INSURANCE COMPANY



**POLICY
NUMBER**

POLICY HOLDER SERVICE OFFICE

PRODUCE

LIQUOR LIABILITY DECLARATIONS

POLICY NUMBER

POLICY HOLDER SERVICE OFFICE:

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

Each Common Cause Limit \$ _____
Aggregate Limit \$ _____

RETROACTIVE DATE (CG 00 34 only)

This Insurance does not apply to "injury" which occurs before the Retroactive Date, if any, shown here: _____
(Enter Date or "None" if no Retroactive Date applies)

DESCRIPTION OF BUSINESS AND LOCATION OF PREMISES

Form of Business:
☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation
☐ Organization (Other than one indicated above)
Business Description: _____

Location of All Premises You Own, Rent or Occupy (Location Number and Address): _____

CLASSIFICATION AND PREMIUM-SUBJECT TO AUDIT

Location No.	Classification	Code. No.	Premium Base	Rate	Advance Premium
			\$	\$	\$
Audit Period (If applicable)			State Tax/Other (if applicable) \$		
Premium shown is payable \$			Total Advance Premium \$		
			at inception		

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Countersigned: _____ By _____
(Date) (Authorized Representative)

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OLD REPUBLIC INSURANCE COMPANY



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LIQUOR LIABILITY DECLARATIONS
OLD REPUBLIC INSURANCE COMPANY



**POLICY
NUMBER**

POLICY HOLDER SERVICE OFFICE

PRODUCT

**RAILROAD PROTECTIVE
LIABILITY DECLARATIONS**

POLICY NUMBER

POLICY HOLDER SERVICE OFFICE:

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ **to** _____ **at 12:01 A.M. Standard Time at your mailing address**
shown above.

Job Location: _____

Designated Contractor: _____

Mailing Address: _____

Name and address of involved governmental authority or other contracting party: _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE
AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

Each Occurrence Limit \$ _____
Aggregate Limit \$ _____

DESCRIPTION OF OPERATIONS

Description of Operations: _____

CLASSIFICATION AND PREMIUM

Classification	Code. No.	Premium Base Contract Cost	Rate	Advance Premium
		\$	\$	\$

Audit Period (If applicable) _____ State Tax/Other (if applicable) \$ _____
Total Advance Premium \$ _____

Premium shown is payable \$ _____ at inception

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Countersigned: _____ By _____
(Date) (Authorized Representative)

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LIABILITY DECLARATIONS
OLD REPUBLIC INSURANCE
COMPANY

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RAILROAD PROTECTIVE
LIABILITY DECLARATIONS
OLD REPUBLIC INSURANCE COMPANY



**POLICY
NUMBER**

POLICY HOLDER SERVICE OFFICE

PRODUCE



**PRODUCTS/COMPLETED OPERATIONS
LIABILITY DECLARATIONS**

POLICY NUMBER

POLICY HOLDER SERVICE OFFICE:

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE	
Each Occurrence Limit	\$ _____
Aggregate Limit	\$ _____

RETROACTIVE DATE (CG 00 38 only)

This Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: _____
(Enter Date or "None" if no Retroactive Date applies)

DESCRIPTION OF BUSINESS

Form of Business:
☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation
☐ Organization (Other than one indicated above)
Business Description: _____

CLASSIFICATION AND PREMIUM-SUBJECT TO AUDIT

Classification	Code. No.	Premium Basis	Rate	Advance Premium
		\$	\$	\$
		State Tax/Other (if applicable)		\$
		Total Advance Premium		\$
Premium shown is payable: \$		at inception		

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Countersigned: _____ By _____
(Date) (Authorized Representative)



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PRODUCTS/COMPLETED OPERATIONS
LIABILITY DECLARATIONS
OLD REPUBLIC INSURANCE COMPANY



**POLICY
NUMBER**

POLICY HOLDER SERVICE OFFICE

PRODUCT

**UNDERGROUND STORAGE TANKS
LIABILITY DECLARATIONS**

POLICY NUMBER

POLICYHOLDER SERVICE OFFICE:

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

Underground Storage Tank Incident Limit	\$	_____
Aggregate Limit	\$	_____
Defense Expense Amount	\$	_____

RETROACTIVE DATE

Coverage A of this Insurance does not apply to "bodily injury" or "property damage", and Coverage B of this Insurance does not apply to "corrective action costs", which occur before the Retroactive Date shown below.

Retroactive Date: _____
(Enter Date)

DESCRIPTION OF BUSINESS

Form of Business:

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation

☐ Organization (Other than one indicated above)

Business Description and Address of Insured Site:

DEDUCTIBLES

Deductible Amount: \$ _____
(Enter amount of Deductible or "None" if no Deductible applies.)

EPA IDENTIFICATION AND PREMIUM-SUBJECT TO AUDIT

EPA Identification Number (if applicable): _____

Advance Premium: \$ _____

State Tax/Other (if applicable) \$ _____

Total Advance Premium \$ _____

Premium shown is payable: \$ _____ at inception

ENDORSEMENTS

Endorsements [attached](#) to this policy.

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned: _____ By _____
(Date) (Authorized Representative)

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LIABILITY DECLARATIONS¶
OLD REPUBLIC INSURANCE
COMPANY¶
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UNDERGROUND STORAGE TANKS
LIABILITY DECLARATIONS
OLD REPUBLIC INSURANCE COMPANY



**POLICY
NUMBER**

POLICY HOLDER SERVICE OFFICE

PRODUCER

**Old Republic Insurance Company
Commercial General Liability Program
Form Filing Memorandum**

Old Republic Insurance Company has changed their company logo. We submit for your review and approval the following Policy Jacket and Declaration pages. We have made slight alterations to the formatting of the documents along with some minor language changes. We attach mark up versions for your information.

Policy Jacket – Manual J-01 (02/08)

- ✓ This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words “Insurance Policy” for the imprintation of our issuing and policyholder servicing office address. The blank area above the words “Insurance Policy” may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:

- (1) Insurer company address
- (2) Insurance company group corporate address and phone number
- (3) Signature of Secretary
- (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

Commercial General Liability Declarations CG DEC GN 0000 08 08 replaces CG DEC GN 0000 12 01.

Owners And Contractors Protective Liability Declarations CG DEC GN 0001 08 08 replaces CG DEC GN 0001 04 99.

Liquor Liability Declarations CG DEC GN 0002 08 08 replaces CG DEC GN 0002 04 99.

Railroad Protective Liability Declarations CG DEC GN 0003 08 08 replaces CG DEC GN 0003 04 99.

Products/Completed Operations Liability Declarations CG DEC GN 0004 08 08 replaces CG DEC GN 0004 04 99.

Underground Storage Tanks Liability Declarations CG DEC GN 0005 08 08 replaces CG DEC GN 0005 04 99.



INSURANCE POLICY

Represented by:

J-01, J(02/08)

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INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC INSURANCE COMPANY

[133 Oakland Avenue
Greensburg, Pennsylvania 15601]
A Stock Company

[*Spencer Kirby*]

Secretary

[*Ja Keecoss*]

President

OLD REPUBLIC

Corporate Offices

[**307 North Michigan Avenue
Chicago, Illinois 60601
(312) 346-8100**]